

**PRESCRIBER'S DIRECT DISPENSING LOG**

BNE 1179 (1/05)

Prescriber/Dispenser Name: \_\_\_\_\_

Medical Lic. Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

DEA #: \_\_\_\_\_

Category of Licensure: \_\_\_\_\_

Date of Dispensing	Numeric Quantity	Drug Name	NDC Number	Strength of Rx		
Patient First Name	MI	Patient Last Name	Patient Date of Birth	Rx Number		
Gender Code Male=1/Female=2	ICD Code	Patient Address	City	State	Zip	

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Reporting Month/Year: \_\_\_\_/\_\_\_\_

Date submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_